

Client Establishment Form
APPLICANTS DETAILS

Registered Business Name:		ABN:
Trading Name (if any):		ACN:
Postal Address:		Postcode:
Street Address:		Postcode:
Telephone No:	Facsimile No:	Email:
Director's Full Name:		Email:
Additional Director's Name:		Email:
Accounts Payable Contact:	Position:	Email:
Shipping Contact:	Position:	Email:
PROPRIETORSHIP	<input type="checkbox"/> Public Company	<input type="checkbox"/> Private Company
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader

TRADING PROFILE

Are you deferred GST approved?	Would you consider payments of Duty/GST via EFT direct to Australian Customs ?	Would you consider payments to Axima via credit card ?	Do you have your own open marine insurance policy?
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ACKNOWLEDGEMENT AND CERTIFICATION

Terms of Trade

- I/We acknowledge that I/We have received, read, understood and agree to adhere to Axima's Terms and Conditions of Carriage.
- I/We acknowledge and understand that all rates and fees quoted are subject to change without notice.
- I/We acknowledge and understand that all fees and charges due Axima are payable prior to delivery of cargo unless a completed credit application form has been received and approved by Axima Pty Ltd.
- I/We warrant that the information given in this application is true and correct at the date of signing.

Name: (Please print)

Signed: Date:

AXIMA USE ONLY

Sales Rep:	Date this form received	Is client requesting credit Yes / No
Entered into EDI/Organisations by (staff initials and date please)		Notes
Details		
Staff Assignment		
Auto Rating/Tariffs		
Invoice style - SEQ		
Address		
Contacts		
Shipper/Consignee		
<p style="color: red;">This form is to be scanned into EDI and stored in EDocs of the Organisation</p>		